EXHIBIT C

0 300 300 801	20-mr Giailir24-	F1-7: 97 IICU-0-170-170	ayerr	
	PRO	PROOF OF CLAIM		AM IS SCHEDULED AS:
lame of Debtor:	Case Nu	Case Number:		s30851
USA Commercial Mortgage Company	06-107	06-10725-LBR		ion
reditor Telephone Number ()	dministrative expense est" for payment of an S.C. § 503. 11321240000062 HIRENSTEIN EIN TTEES 461-5742	aware that anyone stee has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bentruptcy court or BMC Group in this case.		sted above constitute your claim as enter or pursuant to a filed claim. If amounts set forth herein, and have no the Debtor, you do not need to file EXCEPT as stated below. yourn above are listed as Contingent, leputed, a proof of claim must be andy filed a proof of claim with the or BMC, you do not need to file again. E IS FOR COURT USE ONLY
ast four digits of account or other number by which c	reditor identifies debtor:	Check here replaced if this claim armer	a previously	filed claim deted:
. BASIS FOR CLAIM		benefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wror	ngful death Wages,	salaries, and compensation	(fill out below)	Other claims against services (not for loan balances)
Services performed Taxes Taxes Other (describe brie		r digits of your SS #:		(HOLIOE IOSH Demails 1206)
Money loaned		compensation for services pe	erformed from:	(date) (date)
DATE DEBT WAS INCURRED: 10-2-04	3. IF C	OURT JUDGMENT, DATE (OBTAINED:	(4.5)
. CLASSIFICATION OF CLAM. Check the appropriate See reverse side for important explanations.	e box or boxes that best descri	be your claim and state the amou	nt of the claim at the	time case filed.
Check this box it: a) there is no colleteral or iten securing exceeds the value of the property securing it, or if c) none entitled to priority. NSECURED PRIORITY CLAIM	your claim, or b) your claim is or only part of your claim is it of which is (I)(A) or (a)(1)(B) and within 180 days	a right of setoff). Brief description of Real Estate Value of Collateral	f colleteral: Motor Vehicle : \$ /// Ind other charges \$ //// Ind purchase, lesse, or household use -11 vernmental units - 1	at time case filed included in our rental of property or U.S.C. § 507(a)(7).
Contributions to an employee benefit plan - 11 U.S.C. §	5U7(a) (5).	* Amounts are subject to adjust with respect to cases commen		
TOTAL AMOUNT OF CLAIM \$ 402,81	9.63 \$ 402	.819.63 \$		\$ 402,819.63
AT TIME CASE FILED: (unsecu	red) (i	secured)	(priority)	(Total)
Check this box if claim includes interest or other charg	es in addition to the principal	amount of the claim. Attach ite	mized statement o	f all interest or additional charges.
. CREDITS: The amount of all payments on this cla. SUPPORTING DOCUMENTS: Attach cooler of running accounts, contracts, court judgments, mort DOCUMENTS. If the documents are not available. DATE-STAMPED COPY: To receive an acknowledge of claim.	<i>f supporting documents</i> , st tgages, security agreement, , sxplain. If the document	uch as promissory notes, pur its, and evidence of perfectio s are voluminous, attach a su	chase orders, inv n of ilen. DO NO Immary.	oices, itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim fo				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or for each person or entity (including individuals governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 IATE SIGN and print the name at this claim (attach cop	, partnershipe, corporati 8Y HAND BMC Gro Attn: US, 1330 Eas El Segun ad title. If any, of the creditor or	ons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO UP ACM Claims Docketing Cente It Franklin Avenue do, CA 90245 other person authorized to file	and h: er	USE ONLY
1-1107 allum.	nevatein 1	Cococky H. M. BATER 3-4-92 NINENSTEINTTE	nonstau Es)

<u> </u>					
	PROOF OF CLAIM				
Name of Debtor:	Case Number:		RECEIVED AND FILED		
USA COMMERCIAL MORTGAGE TO	06-10725-LBR				
NOTE: See Reverse for List of Debtors and Case Numbers.	•		2001 JAN -5 P 1: 31		
This form should not be used to make a claim for an administrative ex arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	U.S. BANKRUPTCY COURT PATRICIA GRAY, CLERK		
Name of Creditor and Address:		statement giving particulars.	AIRICIA GNAT, CLERA		
BARCIA, DANIEL		Check box if you have never received any notices from the bankruptcy court or	DO NOT FILE THE PROOF OF ALAUM FOR A		
1600 PICKET COURT		BMC Group in this case.	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT		
REND, NV, 89521		Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DESTORS. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.		
Creditor Telephone Number () 775 - 851 - 872		court.	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies CLIENT ID 1216	debtor:	Check here replain or if this claim amen	a previously filed claim dated:		
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a) Unremitted principal		
Goods sold Personal injury/wrongful death		salaries, and compensation (
Services performed Taxes	_ •	digits of your SS #:	(not for loan balances)		
Money loaned United Other (describe briefly)	Unpaid o	compensation for services pe	rformed from: to		
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O			
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the	at best descri	be your claim and state the amo	unt of the claim at the time case filed.		
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim	Check this box if yo	our claim is secured by collateral (including		
exceeds the value of the property securing it, or if c) none or only part of your claim is a right of setoff). Brief description of collateral:					
INSECURED PRIORITY CLAIM					
Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle U Other		
entitled to priority.		Value of Collateral:	-0		
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrearage ar secured claim, if any:	nd other charges at time case filed included in		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	ard purchase, lease, or rental of property or		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	s		or household use -11 U.S.C. § 507(a)(7).		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	-		vernmental units - 11 U.S.C. § 507(a)(8). agraph of 11 U.S.C. § 507(a) ().		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjus	stment on 4/1/07 and every 3 years thereafter		
5. TOTAL AMOUNT OF CLAIM \$ 25 nee \$		with respect to cases commen	ced on or after the date of adjustment.		
5. TOTAL AMOUNT OF CLAIM \$ 25,000 \$ AT TIME CASE FILED: (unsecured)		>0,000. \$	\$ 225,000. (priority) (Total)		
Check this box if claim includes interest or other charges in addition to the			mized statement of all interest or additional charges.		
6. CREDITS: The amount of all payments on this claim has been cre					
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of item. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.					
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5:00 pn for each person or entity (including individuals, partnerships, governmental units).	n, prevailin corporatio	g Pacific time, on Novembe ns, joint ventures, trusts an	er 13, 2006 USE ONLY		
BY MAIL TO: BMC Group	BY HAND (BMC Grou	OR OVERNIGHT DELIVERY TO	:		
Attn: USACM Claims Docketing Center	Attn: USA	CM Claims Docketing Center	r		
P. O. Box 911 El Segundo, CA 90245-0911		t Franklin Avenue fo, CA 90245			
DATE SIGN and print the name and title, if any, of ti	he creditor or				
TAN 3, 2007 this claim (attach copy of power of attor		ANIEL RARE	A. A.		

Case 06-10725-gwz Doc 8307		itered 04/11/11		34:22 Pa	ge 4 of 11	~
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM					
Name of Debtor	Case Number					
USA Commercial Mortgage Co.	06	-10725(4	BR)			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case. A "request" for payment of		Check box if you a aware that anyone else filed a proof of claim rel	has			
administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		your claim Attach copy statement giving particu	y of			
Hannah Brehmer		Check box if you hever received any noti				
188 Beacon Hill Dr.		from the bankruptcy co BMC Group in this case		SECURED INTE	HIS PROOF OF CLAIM I REST IN A BORROWEI	
Ashland, or 97520		Check box if this a differs from the address envelope sent to you by	s on the	Bankruptcy Cour	ready filed a proof of cla t or BMC you do not ne	ed to file again
Creditor Telephone Number (54) - 37.4- 95.38 Last four digits of account or other number by which creditor identifies of	debtor	court			CE IS FOR COURT L	JSE ONLY
7184 or 990	debioi	Check here If this claim	replac or amen	a previousl	y filed claım dated	
1 BASIS FOR CLAIM	Retiree b	penefits as defined in	11 U S	C § 1114(a)	Unremitted prin	ncipal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compens	sation (f	ill out below)	Other claims ag (not for loan ba	gainst servicer lances)
Money loaned		compensation for serv	ices per	formed from	to	
2 DATE DEBT WAS INCURRED 2005 - April - July	3 IF C	OURT JUDGMENT, D	DATE O	BTAINED	(date)	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that					the time case filed	
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLA				
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	Check this i	box if yo	ur claim is secu	ired by collateral (incl	uding
exceeds the value of the property securing it, or if c) none or only part of you entitled to priority	our claim is	a right of se Brief descrip	-	collateral		
UNSECURED PRIORITY CLAIM				Motor Vehicle	e 🔲 Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Co		\$		
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrea secured claim, it	rage an	d other charges	s <u>at time case filed</u> in	cluded in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		7	sits towa	rd purchase leas	e or rental of property o	r
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties ow	ed to gov	vernmental units	11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	* Amounts are subject with respect to cases	t to adjus	tment on 4/1/07 a	nd every 3 years therea	fter
5 TOTAL AMOUNT OF CLAIM \$ \$	298,5	569 - \$	oommon	oco on or ano, and	\$ 298.50	69 -
(unsecured)	, (s	secured)		(priority)	(To	,
Check this box if claim includes interest or other charges in addition to the						nal charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts, contracts, court judgments mortgages security a	<i>ıments,</i> su	ich as promissory not	es, purc	hase orders, in	voices itemized state	ments of
DOCUMENTS If the documents are not available, explain If the d 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				•	d envelope and copy	of this
The original of this completed proof of claim form must be sent	t by mail c	or hand delivered (FA	XES N	OT	THIS SPACE FO	
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c	, prevailin corporation	ig Pacific time, on No ns, joint ventures, fr	usts an	r 13, 200 5 d	USE ON	LY
governmental units) BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIV	ERY TO			
Attn USACM Claims Docketing Center	Attn USA	.CM Claims Docketing	g Center			
P O Box 911 El Segundo CA 90245-0911		t Franklin Avenue do CA 90245			- 11011 1 A	2806
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	nev.af anv)	•	to file	FIL	ED NOV 1 4	
Mar 8, 7206 Herral Bres Hannah B	live			•	USA CMC	
Hannah B	ren	mer			1072501445	m) i

Case 06-10725-gwz Doc 8307-3 Entered 04/11/11 14:34:22 Page 5 of 11 PROOF OF CLAIM Case Number Name of Debtor 06-10725-LBR **USA Commercial Mortgage Company** NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are arising after the commencement of the case. A "request" for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of Name of Creditor and Address statement giving particulars 11321242034389 Check box if you have CASTILLO, TITO never received any notices 13390 PARKSIDE TERRACE from the bankruptcy court or COOPER CITY FL 33330 BMC Group in this case Check box if this address (ava) 376.5405 differs from the address on the envelope sent to you by the court. Creditor Telephone Number (ついる) 238 9590 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer Wages, salaries, and compensation (fill out below) Services performed (not for loan balances) Last four digits of your SS # 1 LATE CHALLE 107ELEJ (Other (describe briefly) Money loaned Unpaid compensation for services performed from MONEY LOANED tO 3EP PALTIES & SELVICED BY DEBTOK (date) (date) DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM **UNSECURED NONPRIORITY CLAIM \$** Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle ☐ Other Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$ 423,845.13 PLUS Amount entitled to priority Amount of arrearage and other charges at time case filed in secured claim, if any \$ \$423,845~13 PLDS Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) business whichever is earlier - 11 U S C § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (____) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment TOTAL AMOUNT OF CLAIM \$423 BUN B \$ 423,845.13 UNRUNN PLUS \$ Uphnacun AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group BY MAIL TO BMC Group FILED DEC 0 6 2006 Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo, CA 90245

SIGN and print the name and title if any of the creditor or other person authorized to this claim (attach copy of power of attorney if any)

Case 06-10725-gwz Doc 8307-3 Entered 04/11/11 14:34:22 Page 6 of 11

FORM B10 (Official Form 10) (10/05)					
UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA	PROOF OF CLAIM			
Name of Debtor	Case Number 06-10725				
USA COMMERCIAL MORTGAGE COMPANY		_			
NOTE This form should not be used to make a claim for an administrative case. A request for payment of an administrative expense may be filed p	e expense arising after the commencement of the bursuant to 11 U S C Section 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property)	☐ Check box if you are aware that anyone else has filed a proof of claim relating				
CHARLES B ANDERSON TRUST	to your claim Attach copy of statement giving particulars				
Name & address where notices should be sent	☐ Check box if you have never received				
JANET L CHUBB, ESQ JONES VARGAS	any notices from the bankruptcy court				
P O BOX 281	☐ Check box if the address differs from				
RENO, NV 89504-0281	the address on the envelope sent to you	T			
Telephone number 775-786-5000	by the court	THIS SPACE FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor 500953 3	Check here □ replaces If this claim □ amends a previously filed	claim, dated			
1. DAGIG DOD OVAN					
1 BASIS FOR CLAIM ☐ Goods sold	☐ Retiree benefits as defined in 11 l				
☐ Goods sold ☐ Services performed	☐ Wages, salaries, and compensation				
☐ Money loaned	Last four digits of your SS # Unpaid compensation for service				
☐ Personal injury/wrongful death	Onpaid compensation for service	s performed from			
□ Taxes	from to				
■ Other <u>DEBTOR'S BREACHES</u> (see adversary complain	from to (date)	(date)			
2 Date debt was incurred	3 If court judgment, date obtained				
2003-2005					
4 Classification of Claim Check the appropriate box or boxes filed See reverse side for important explanations		ount of the claim at the time case			
Unsecured Nonpriority Claim \$ 183,340 38 + accrued interest	Choole thus have from all	im is secured by collateral			
postpetition payments received	- /				
☐ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if d	r claim or 1	· 1			
only part of your claim is entitled to priority		r Vehicle Other			
	Value of Collateral \$				
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of ventitled to priority	Amount of arrearage and othe included in secured claim, if a	r charges <u>at time case filed</u> ny			
Amount entitled to priority \$					
Specify the priority of the claim	☐ Up to \$2.225* of deposits toward r				
Domestic support obligations un 11 U S C § 507(a)(1)(A) or) (a)(1)(B	☐ Up to \$2,225* of deposits toward property or services for personal, f USC § 507(a)(7)	amily or household use - 11			
	☐ Taxes or penalties owed to governm	nental units - 11 U.S.C. 8			
☐ Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier- 11 U S C § 507(a)(4)	in 507(a)(8) ne	-			
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)		/98 and everv3 vears thereafter			
5 Total Amount of Claim at Time Case Filed \$ 183,3	with respect to cases commenced on a	r after the date of adjustment \$			
(uns	secured) (secured) (prior	(Total)			
☐ Check this box if claim includes interest or other charges in additional charges					
6 Credits The amount of all payments on this claim has been cre this proof of claim SEE ABOVE	dited and deducted for the purpose of makin	g This Space is for Court Use Only			
7 Supporting documents Attach copies of supporting document.	7 Supporting documents Attach comes of supporting documents, such as promise with a supporting documents.				
invoices, itemized statements of running accounts, contracts, court	invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not parallelle evidence of perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not parallelle evidence of perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not parallelle evidence or perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not parallel perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not parallel perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not parallel perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not parallel perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not perfect to the perfect of the perfect				
and evidence of perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary					
8 Date-Stamped copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-					
addressed envelope and a copy of this proof of claim		USA CMC			
Date Sign and print the name and title, if any, of the ord	editor or other person authorized to file this				
ciaim (attach copy of power of attorney, if any)	BB, ESQ ATTORNEY FOR CLAIMAN	1072502215			

UNITED STATES BANKRUPTCY COURT	Disti	RICT (OF_	Nevada	PROOF OF CLAIM
Name of Debtor	Case N	umber			PROOF OF CLAIM
USA COMMERCIAL MORTSHARE COMPAN	vy 06	>-10	70	15-LBR	
NOTE This form should not be used to make a claim for an adminis			~		
of the case A request for payment of an administrative expense ma	y oe med pu	nsuant	10 1	11 11 2 12 2 203	
Name of Creditor (The person or other entity to whom the				are aware that anyone proof of claim relating to	
DEEDRA COCK, HUSBAND AND WIFE, AS	your o	claım .	Atta	ch copy of statement	
JOINT TENANTS WITH RIGHTS OF SURLINGRISHIP		g partici		s 1 have never received an	v
Name and address where notices should be sent	notice			bankruptcy court in thi	
1435 E VENICE AUE # 161	Case Check	box if	f the	address differs from the	
UCNICE FL 34292 Telephone number 941 - 491 - 4955	addres		he er	nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check		1	replaces	2 12 51
identifies debtor	ıf thıs	claım		amends a previously	iled claim, dated 1 - 12-06
1 Basis for Claum				ee benefits as defined i	
Goods sold Services performed	l	IJ <u>"</u>	vage .ast i	es, salaries and comper four digits of your SS f	isation (IIII out below)
Money loaned		U	Jnpa	and compensation for se	ervices performed
Personal injury/wrongful death Taxes		fr	rom	(date)	to(date)
Taxes SEE EXHIBIT A				(date)	(uale)
2. Date debt was incurred-	3.	If cou	ırt j	udgment, date obtain	eď•
4 Classification of Claim. Check the appropriate box or boxes th	at best descr	nbe you	ur c	laim and state the amou	nt of the claim at the time case filed
See reverse side for important explanations.				Claim	
Unsecured Nonpriority Claim \$ 140,087			Che	ck this box if your clair	n is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c)	none or	a righ	nt of	setoff)	
only part of your claim is entitled to priority			The same of	ef Description of Collat	
Unsecured Priority Claim					or Vehicle Other———
Check this box if you have an unsecured claim all or part of ventitled to priority	vhich is	Amou			narges at time case filed included in
Amount entitled to priority \$	l			laim, if any \$ UNK	
Specify the priority of the claim	Пі	Jp to \$	2 22	25* of deposits toward	ourchase lease or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) o	or §	servi 507(a	ces (a)(7)	for personal family or	household use - 11 USC
(a)(1)(B)	Пт				nental umits - 11 USC § 507(a)(8)
Wages, salaries, or commissions (up to \$10 000) * carned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4)	or's C)ther -	Spe	cify applicable paragra	oh of 11 USC § 507(a)()
	7 11/10				4/1/07 and every 3 years thereafter n or after the date of adjustment
Contributions to an employee benefit plan - 11 U.S C § 507(a)(3)				
5 Total Amount of Claim at Time Case Filed-	-	42. (unsetu	red)	(secured)	(priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6. Credits The amount of all payments on this claim has been	credited and	d dedu	cted	for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents. Attach copies of supporting docum	ante eurok na	********	1000	ru motae musshaen	
orders invoices itemized statements of running accounts, contra	acts, court ju	dgmen	nts, i	mortgages, security	
agreements, and evidence of perfection of lien DO NOT SEN	D ORIGINA	AL DO	CU	MENTS If the	FILED JAN 12 200
documents are not available, explain If the documents are volu- 8 Date-Stamped Copy To receive an acknowledgment of the fi					FILEU JAN I & 200
addressed envelope and copy of this proof of claim				*	
Date Sign and print the name and title, if any, of the file this claim (attach pay of power of attornal).	the creditor of	or othe	r pe	rson authorized to	
					LIGA CMO
111-07 Mak A.G.C.					USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or	ımprısonmer	nt for t	up to	5 years or both 18 U	SC 1072502173

Halter State Palkellety Court	Dier	DICT C	Æ	Novada	
	JNITED STAFFS BANKRUPTCY COURT DISTRICT OF Nevada PROOF OF CLAIM				PROOF OF CLAIM
Name of Debtor		lumber		0-1-	
USA COMMERCIAL MORTERES COMPANY				0725-LBR	
NOTE. This form should not be used to make a claim for an administration	strative expe	nse arisi	ng	after the commencement	
of the case. A request for payment of an administrative expense ma	у ое паса р	ursaant i	10 1	1030 8 101	
Name of Creditor (The person or other entity to whom the				are aware that anyone	
OLDIO OWES MONLY OF PROPERTY) DANIEL D. NEWMAN, TRUSTEE				roof of claim relating to ch copy of statement	
PANIEL D. NEWMAN tenst DATED 11/1/92		g particu			
Name and address where notices should be sent				have never received any	
DAW, EL D. NEWMAN	notic	es from	the	bankruptcy court in this	
125 ELYSIAN DRIVE SERVA AZ 86336				address differs from the	
5 E Down 42 86336 Telephone number 928 282 5466	addre		e ei	ivelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		k here	П	replaces	
identifies debtor	of the	s claım		amends a previously fi	ed claim dated
1 Basis for Claim		Re	etir	ee benefits as defined in	11 USC § 1114(a)
Goods sold		Πw	age	s salaries and compen	ation (fill out below)
Services performed				four digits of your SS # aid compensation for se	
Money loaned Personal injury/wrongful death			•	•	-
Taxes		III	om	(date)	to(date)
∆ Other —			_	`	` -
2 Date debt was incurred MARCH 1999	3.	If cou	rt j	udgment, date obtaine	d.
4 Classification of Claim. Check the appropriate box or boxes the	nat best desc	inbe you	er c	laim and state the amour	of the claim at the time case filed
See reverse side for important explanations.	1			Claim	
Unsecured Nonpriority Claim SLINE 4 OF EXA		X	Che	eck this box if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	er claim or	a righ	it of	setoff)	in departure of constitution (virusiania)
only part of your claim is entitled to priority	none or		Bn	ef Description of Collate	rai
Unsecured Priority Claim		Į	X	Real Estate Motor	11
Check this box if you have an unsecured claim all or part of	which is		Val	ue of Collateral \$	VENOWN
entitled to priority					irges at time case filed included in
Amount entitled to priority \$		secure	ed o	laım, ıf any \$ <u>L/NE</u>	COFDX A
Specify the priority of the claim					irchase, lease or rental of property
Domestic support obligations under 11 U S C. § 507(a)(1)(A) (or	or service § 507(a)			ousehold use - 11 U S C.
(a)(1)(B)		•			ental units - 11 USC § 507(a)(8)
Wages salaries or commissions (up to \$10 000),* earned with	190		•	•	h of 11 U S C § 507(a)()
days before filing of the bankruptcy petition or cessation of the deb busines whichever is earlier - 11 U S C § 507(a)(4)	*Am	ounts ar	re s	ubject to adjustment on 4	/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a)(5)	with res	рес	t to cases commenced or	or after the date of adjustment
5 Total Amount of Claim at Time Case Filed.	\$4	-NYZ	5X	ALNYEXA	LNYEXA
(ursecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all					
interest or additional charges 6 Credits. The amount of all payments on this claim has been credited and deducted for the purpose of This Space is for Court Ust Only					
making this proof of claim	Januara a	www.		: are purpose or	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase					
orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, securit FILED JAN 1 1 2007					
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain if the documents are voluminous attach a summary					
8. Date-Stamped Copy To receive an acknowledgment of the f				"	
addressed envelope and copy of this proof of claim					
Date Sign and print the name and utle/if any, of file this claim (attach copy of power of atto	the creditor	or other	r pe	erson authorized to	
JAN 4 THE this claim (attach copy of prowler of attorney if any)					
2007 DANIEL D NEWMAN, TRUSTED USA CMC					
Penalty for presenting fraudulent claim. Fine of up to \$500 000 o	r imnueonm	ent for	mr '	to 5 years or both 19	
or year the mercury Newmonton comme taken at ah to 4200 000 0	hrzonii	on Wil	ap 1	o zycata or DOH 16	1072502030

DISTRICT OF NEVADA	3 PRO	OF OF CLAIMS	4:22 Page	9 of 11
Vame of Debtor:	Case Nur	nber:		
USA Commercial Mortgage Company		25-LBR		
IOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exprising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	of an	Check box if you are aware that anyone else has filed a proof of claim relating	 Control of the state of the sta	Y OWED MONEY BY A BORROWER
Name of Creditor and Address: DAVIS, PATRICK, J. CA+ SUDAN PAN 104 VAN BUREN COURT COLLEWVILLE TX 76034 6216 CITRINE DR. CARLSBAD, CA 92009 Creditor Telephone Number (87) 312-8350 (CEII)	7 118 12A	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	DEBTORS YOU DO CLAIM. THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE If you have airs Bankruptcy Court	BEING SERVICED BY THE DO NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT. IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS. Bady filed a proof of claim with the or BMC, you do not need to file again. IE IS FOR COURT USE ONLY
ast four digits of account or other number by which creditor identifies 1883 (FAT); 1884 (Sussai)	debtor:	Check here replace or amen	 a previously 	filed claim dated:
I. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death ☐ Taxes	Last four	alaries, and compensation (digits of your SS #:	fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly) WEGG (GENCE * FENDE	Unpaid o	ompensation for services pe	rformed from:	to(date)
. DATE DEBT WAS INCURRED:	3. IF CC	OURT JUDGMENT, DATE C		
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes tha See reverse side for important explanations. 	it best describ	oe your claim and state the amo	unt of the claim at t	he time case filed.
UNSECURED NONPRIORITY CLAIM \$ 75,500		SECURED CLAIM		and have a flat and the about a se
Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of your claim, or b) entitled to priority.		a right of setoff).		red by collateral (including
JNSECURED PRIORITY CLAIM		☐ Brief description of	_	e 🔲 Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral		. Curer
Amount entitled to priority \$			***************************************	at time case filed included in
Specify the priority of the claim:		secured claim, if any:		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days		Up to \$2,225* of deposits towas services for personal, family, o	or household use -1	1 U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	님	Taxes or penalties owed to go Other - Specify applicable pan		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 ar	nd every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ 75,500 \$ AT TIME CASE FILED:		\$		\$ 175,500
(unsecurea)	•	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the state of the charges in addition to the state of the charges. The amount of all payments on this claim has been creed. SUPPORTING DOCUMENTS: Attach copies of supporting documenting accounts, contracts, court judgments, mortgages, security and DOCUMENTS. If the documents are not available, explain. If the contracts of the contract of the contracts of the contract of the contr	dited and de uments, sur agreements documents	educted for the purpose of m ch as promissory notes, pure s, and evidence of perfection are voluminous, attach a sui	naking this proof chase orders, inv of lien. DO NO mmary.	of claim. oices, itemized statements of T SEND ORIGINAL
proof of claim.				
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or governmental units)	n, prevailing	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	BMC Grou Attn: USA 1330 East	DR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente Franklin Avenue Io, CA 90245		ED DEC 0 4 2006
SIGN and print the name and title, if any, of the this claim (attach copy of power of attor) 12-04-04 ROWERT C. LEPONE	mey, if any):	1400	9	USA CMC
			***************************************	1072501416

TOTAL DIO (CINCIAI FORM TO) (TOTO)				
United States Bankruptcy Court	Dis	RICT C	F Nevada	PROOF OF CLAIM
Name of Dubtor		lumber		THOU OF OLDARY
USA COMMERCIAL MORTGAGE COMPANY 06-10725-LBR				
NOTE This form should not be used to make a claim for an adminis	strative expe	ense arısı	ng after the commencement	
of the case. A request for payment of an administrative expense ma	y be filed p	oursuant	to II USC § 503	
Name of Creditor (The person or other entity to whom the			you are aware that anyone	
debtor owes money or property) ROBERT ESSAFF			a proof of claim relating to Attach copy of statement	
CINDY H. ESSAFF TRUSTEES OF THE		g particu		
ESSAFF FAMILY TRUST DATED 6/18/02 Name and address where notices should be sent			you have never received any	
ROBERT & CINDY H. ESSAFF	notic	es from	the bankruptcy court in this	
2860 HEYBOURNE RD			the address differs from the	
ROBERT & CINDY H. ESSAFF 2860 HEYBOURNE RD MINDEN, NV 89423 Telephone number 775-267-5579	1	ess on th Court.	e envelope sent to you by	THIS SPACE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor	_	k here	replaces	
identifies debtor	ıf th	s claım	amends a previously f	iled claim dated
1 Resis for Claim			etiree benefits as defined in	
Goods sold			/ages salaries and compen ast four digits of your SS #	
Services performed Money loaned			npaid compensation for se	
Personal injury/wrongful death			rom	
Taxes SEE EXHIBIT A			(date)	(date)
	3.	If con	rt judgment, date obtaine	wi
2. Date debt was incurred 12/15/03	3.	II COM	it lankment, aute openin	
4 Classification of Claim. Check the appropriate box or boxes the	hat best des	cnbe you	ur claim and state the amou	nt of the claim at the time case filed
See reverse side for important explanations			red Claim	
Unsecured Nonpriority Claim \$1,599,184.0		10	Check this box if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ır claım, or none or	a righ	nt of setoff)	•
only part of your claim is entitled to priority			Brief Description of Collate	
Unsecured Priority Claim				r Vehicle Other———
Check this box if you have an unsecured claim all or part of	which is	l		
entitled to priority		Amou	ont of arrearage and other check of claim if any \$ 25,5	narges at time case filed included in 280 39
Amount entitled to priority \$		<u> </u>		
Specify the priority of the claim		Up to \$	2 225* of deposits toward pages for personal family or	ourchase, lease or rental of property
Domestic support obligations under 11 U S C \$ 507(a)(1)(A) of	or	§ 507(a		
		Taxes o	r penalties owed to government	nental units - 11 USC § 507(a)(8)
Wages, salaries, or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U S C § 507(a)(4)	tor s	Other -	Specify applicable paragrap	oh of 11 USC § 507(a)()
business whichever is earlier 11 USC § 507(a)(4)	*41			4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C § 507(•	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$		184.0 1,597,184.0	(mosty) (Total)
(unaccired) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
6. Credits The amount of all payments on this claim has been	n credited a	nd dedu	cted for the purpose of	THIS SINCE IS FOR COURT USE ONLY
making this proof of claim.				
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security [1] JAN 1 6 2007				
agreements and evidence of perfection of lien DO NOT SEN				•
documents are not available, explain If the documents are volu			-	
8. Date-Stamped Copy To receive an acknowledgment of the fi	iling of you	ır claım	enclose a stamped, self-	
addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of	the credito	r or othe	r person authorized to	
file this claim (attach copy of power of atto	mey, if any	2)	DICTE	
file this claim (attach copy of power of atto ROBERT E	=55AF	+, 1 K	VSIEE	USA CMC
I I I LAND HE ENDER CIND	4 H FS	SAF	F TRUSTEE	

Case 06:10785-00725-Dec 9307	3 <u>24</u> €n	t ered 04/11/11/11/14/3	14:220a Page:11-of-11		
Case of to 120 isi - Cian	PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS:		
Name of Debtor:	Case Nu	ımber:	Schedule/Claim ID s31478		
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classification \$10,033.44 Unsecured		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exarising after the commencement of the case. A "request" for paymen administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If		
Name of Creditor and Address:	000857	statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.	you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be		
TRUSTEES PO BOX 362 CARNELIAN BAY, CA 96140-0362	<u> </u>	Check box if this address differs from the address on the envelope sent to you by the court.	filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.		
Creditor Telephone Number () 5 30 - 583 - 28 Last four digits of account or other number by which creditor identifies			THIS SPACE IS FOR COURT USE ONLY		
ACCT. 10 3398 CKIENT 10 4		Check here replain if this claim ame	a previously filed claim dated: /// / / /		
1. BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U.S	.C. § 1114(a) Unremitted principal		
Goods sold Personal injury/wrongful death] Wages,	salaries, and compensation	(fill out below) Other claims against service (not for loan balances)		
Services performed		r digits of your SS #:			
Money loaned Under (describe briefly)	Unpaid o	compensation for services pe			
2. DATE DEBT WAS INCURRED: 4/13/06	3. IF C	OURT JUDGMENT, DATE	(date) (date)		
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that					
See reverse side for important explanations.		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b)	vour claim	Check this box if y	our claim is secured by collateral (including		
exceeds the value of the property securing it, or if c) none or only part of yo		a right of setoff).			
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description o	<u> </u>		
Check this box if you have an unsecured claim, all or part of which is			Motor Vehicle Other		
entitled to priority.		Value of Collatera	: \$506,677.07		
Amount entitled to priority \$		Amount of arrearage a	nd other charges at time case filed included in		
Specify the priority of the claim:	_	,			
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	. ∟		ard purchase, lease, or rental of property or or household use -11 U.S.C. § 507(a)(7).		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	· _	Taxes or penalties owed to go	vernmental units - 11 U.S.C. § 507(a)(8).		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable part	agraph of 11 U.S.C. § 507(a) ().		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).			stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustment.		
5. TOTAL AMOUNT OF CLAIM \$ \$	555		\$ 553,778 - 99		
AT TIME CASE FILED: (unsecured)		secured)	(priority) (Total)		
Check this box if claim includes interest or other charges in addition to t	the principal	amount of the claim. Attach ite	emized statement of all interest or additional charges.		
6. CREDITS: The amount of all payments on this claim has been cre 7. SUPPORTING DOCUMENTS: Attach copies of supporting doc running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the	cuments, su y agreemen o documents	uch as promissory notes, pu its, and evidence of perfections s are voluminous, attach a si	chase orders, invoices, itemized statements of in of lien. DO NOT SEND ORIGINAL ummary.		
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	he filing of y	your claim, enclose a stampe	ed, self-addressed envelope and copy of this		
The original of this completed proof of claim form must be se ACCEPTED).	ent by mail	or hand delivered (FAXES	NOT THIS SPACE FOR COURT USE ONLY		
BY MAIL TO:		OR OVERNIGHT DELIVERY TO	o:		
BMC Group Attn: USACM Claims Docketing Center	BMC Gro Attn: USA	up ACM Claims Docketing Cent	er		
P. O. Box 911	1330 Eas	t Franklin Avenue			
El Segundo, CA 90245-0911		do, CA 90245			
DATE SIGN and print the name and title, if any, of the this claim (attach county power of attor	ney, if any	ouner person authorized to file			
5/30/07 trils claim (attach control power of attor	THE STATE OF THE S	TRUSTE	2		